



TIVERTON RECREATION COMMISSION

Special Field/Beach Facility Usage Permit

NAME OF ORGANIZATION_____

Is your organization a non-profit 501 C 3_____

DESCRIPTION OF EVENT_____

Field/Beach REQUESTED_____

DATES REQUESTED_____

ALTERNATE DATE_____

CONTACT PERSON_____

Would your group or organization like to make a donation to the Tiverton Soccer Complex Fund?

Yes _____ Not at this time _____

PHONE_____

EMAIL_____

Form: SFUP